

PART B -FEE(S) TRANSMITTAL

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46037
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Peter F. Corless	(Depositor's name)
/Peter F. Corless/	(Signature)
October 24, 2011	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/076,882	02/14/2002	Michael Guttman	84847(47992)	1282

TITLE OF INVENTION: **REAL TIME, INTERACTIVE VOLUMETRIC MAGNETIC RESONANCE IMAGING**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	no	\$1,740.00	\$300.00	\$2,040.00	10/24/2011
EXAMINER	ART UNIT	CLASS-SUBCLASS			
P. S. Mehta	3737	600-410000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	1 <u>Edwards Wildman Palmer LLP</u>
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev 03-02 or more recent) attached. <u>Use of a Customer Number is required.</u>	2 <u>Peter F. Corless</u>
	3 <u> </u>

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Government of the United States of America, as Represented by the
Secretary, Department of Health and Human Services

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Rockville, Maryland

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):
<input type="checkbox"/> Issue Fee	<input type="checkbox"/> A check in the amount of the fee(s) is enclosed.
<input checked="" type="checkbox"/> Publication Fee (No small entity discount permitted)	<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.
<input type="checkbox"/> Advance Order # of Copies _____	<input type="checkbox"/> The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number <u>04-1105</u>

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature _____	/Peter F. Corless/	Date _____	October 24, 2011
Typed or printed name _____	Peter F. Corless	Registration No. _____	33,860